

SAVINGS PLUS PROGRAM

SPECIFIC FUND DESIGNATION FORM

SPP 666 rev. 12/99



INSTRUCTIONS:

1. Specific fund designations only apply to partial lump sum and periodic (fixed amount or fixed period, monthly or annual) payments. Specific fund designations do not apply to Lump Sum payments or to the purchase of an annuity.
2. The designation of a specific fund is optional. Do not complete a designation if you want your periodic payments to be prorated from all of your core funds, or if you have assets in only one core fund.
3. You are responsible for ensuring the fund you designate has a value sufficient to satisfy the full payment amount. If, on the last working day of the month prior to the payment being made, the amount of the period payment exceeds the value of the fund you have designated, this designation shall be deemed void. Your periodic payment will then be prorated from among all of your core funds. You will be notified by mail when and if this occurs. All future periodic payments will also be prorated from among all of your core funds until you submit a new Specific Fund Designation form.
4. You may submit this designation at any time while you are receiving periodic payments. The recordkeeper must receive the completed designation no later than the fifteenth day of the prior month to make the change effective with your next periodic payment.

Note: You may not change the designated fund or cancel this designation once submitted, except as listed above.

If you have any questions, please call (800) 827-5000 between 8:30 a.m. and 4:00 p.m., Monday - Friday to speak with a Savings Plus Program Representative.

Return completed form to:

Dreyfus Retirement Services
Attention: State of California Savings Plus Program
135 Santilli Highway
Room 026-0027
Everett, MA 02149

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**PARTICIPANT INFORMATION**

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER --- ---
ADDRESS			E-MAIL ADDRESS
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER WITH AREA CODE ()

Privacy Statement: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. It is mandatory that you furnish all information requested on this form. Failure to provide mandatory information may result in action requested not being processed.

SPECIFIC FUND DESIGNATION

I understand that all payments will be withdrawn from one specified fund, so long as the value of the fund is sufficient for the payment amount. Please withdraw my periodic payment from the fund checked below:

- ☐ Insurance Investment Fund Plus (30/IL)
- ☐ Vanguard Money Market Reserves (54/V6)
- ☐ Savings Pool (36/LL)
- ☐ PERS-Managed U.S. Treasury Short-Term Fund (41/UT)
- ☐ Vanguard Fixed Income Securities Fund -GNMA Portfolio (52/V4)
- ☐ Vanguard Fixed Income Securities Fund -Long Term Corporate (53/V5)
- ☐ PERS-Managed U.S. Treasury Intermediate Term Fund (42/UI)
- ☐ Calvert Social Investment Fund (11/CQ)
- ☐ John Hancock Sovereign Investors Fund (51/JH)
- ☐ Vanguard Wellington Fund (43/VW)
- ☐ T. Rowe Price International Stock Fund (12/TS)
- ☐ Highmark Value Momentum Fund (60/HV)
- ☐ T. Rowe Price Equity Income Fund (10/04)
- ☐ T. Rowe Price Growth & Income Fund (06/06)
- ☐ PERS-Managed S&P 500 Index Fund (40/I5)
- ☐ Vanguard Morgan Growth Fund (55/V7)
- ☐ T. Rowe Price New Horizon Fund (08/08)

PARTICIPANT SIGNATURE

I authorize the Savings Plus Program to withdraw my payments from the fund designated above. I have read the Privacy Statement and the instructions on completing this designation and agree to all the terms.



Signature of Participant

Date